

Indiana Department of Education  
**Office of English Language Learning and Migrant Education**  
www.doe.state.in.us/englishlanguagelearning

**HOME LANGUAGE SURVEY**

School District \_\_\_\_\_

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

To be completed by parents upon student enrollment to determine student's status as language minority.

1. What is the native language of the student? \_\_\_\_\_
2. What is the predominant language of the student? \_\_\_\_\_
3. What language is most often spoken by the student at home? \_\_\_\_\_

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey, students will be tested for their level of English proficiency and provided services as needed. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once this determination has been made, the following must occur:

- English proficiency assessment, upon enrollment and annually thereafter, to assess level (1-5) of English proficiency and measure growth annually.

*Note: Efforts should be made to translate this form  
into the predominant language of the parent.*